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| Application for approval of an independent registered medical practitioner PART A: Details of independent registered medical practitionerTo be completed by the *employer.* |  |

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| --- | --- |
| **Question** | **Answer** |
| **Company name:** |  |
| **Address:** |  |
| **Name of doctor:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **GMC reference number:** |  |
| **GMC status:** |  |
| **GMC full registration date:** |  |

I certify that:

* Our organisation’s new independent registered medical practitioner is registered with the General Medical Council; *and*
* Holds a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (with a ‘competent authority’ having the meaning given by section 55(1) of Medical Act 1983 <http://www.gmc-uk.org/about/legislation/medical_act.asp#55> ), or they are an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA State.

## Part B: Details of scheme employer or admitted body

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| --- | --- |
| **Question** | **Answer** |
| **Employer name:** |  |
| **Address:** |  |
| **HR contact :** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Fund:**  | Cambridgeshire Pension Fund / Northamptonshire Pension Fund (delete as applicable) |
| **Signed:** |  |
| **Print name:** |  |
| **Position in company:** |  |
| **Date:** |  |

Please email the completed form to penemployers@westnorthants.gov.uk

The medical practitioner *can’t* complete or sign one of our medical certificates until we’ve given you our approval.